## **EVENT REQUEST**

Please provide the following information when inviting Secretary of State Kris Kobach to appear at an event. Check the box to indicate "yes" and leave the box unchecked to indicate "no." Use the lines at the bottom and/or a 2<sup>nd</sup> page to add answers that will not fit in the space provided. This is in addition to your printed invitation or letter.

Thank you for your request! Tori Dreyer will be happy to assist at (785) 296-4575.

Event Date:	* Time From:	* Time	то:	_ RSVP by:	
Event Name:		**Time Even	t Starts:	Stops:	
Sponsor/Organization:	Event Theme (if any)				
Location Building Name/Room Name or Number:					
Location Street Address:		Location Parking:			
Location City:	State:	Zip:	County (if	in KS):	
1 <sup>st</sup> Contact Name:		1 <sup>st</sup> Contact E-Mail	l:		
1 <sup>st</sup> Contact Office Phone:		1 <sup>st</sup> Contact Mobile Phone:			
2 <sup>nd</sup> Contact Name:		2 <sup>nd</sup> Contact E-Ma	il:		
2 <sup>nd</sup> Contact Office Phone:		2 <sup>nd</sup> Contact Mobile Phone:			
Expected Number of Attendees: Type of Attendees: _ Members _ Public _ Media					
Event Type:   Meeting   Breakfast   Lunch   Dinner   Reception   Conference   Parade					
Request Type: □ Attend □ Speak □ Q&A □ Debate □ Panel □ Introduce □ Welcome □ Keynote □					
Speech Topic:	ch Topic: Other Speaker(s):				
<b>Travel:</b> □ Airplane Tickets Needed □ Hotel Needed □ □ Rental Car Needed □ □					
Arrangements By:   Event Sponsor   Secretary of State Office   Other					
Travel Contact:	_ Travel Phone:	Tra	avel E-mail:		
Travel Arrival Instructions:					
Financial: □ Travel Paid by Event Sponsor □ Lodging Paid by Event Sponsor □					
Additional Information:					

<sup>\*</sup> Time From and To = When the Secretary is to begin and end his speech

<sup>\*\*</sup> Time Event Starts and Stops = When the entire event takes place